MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51						
2		/						52					~	
3		/						53						
4		/						54						
5	/							55						
6								56						
7	/							57						
8	/							58						
9		/						59						
10	/							60						
11	/							61						
12		/						62						
13		/						63						
14	/							64						
15	/							65						
16		/						66						
17	/							67						
18	/							68						
19		/						69						
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31		/						81						
32	/							82						
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35		/						85						
36		/						86						
37		/						87						
38		/						88						
39		/						89						
40		/						90						
41		/						91						
42		/						92						
43		/						93						
44		/						94						
45	/							95						
46	/							96						
47		/						97						
48	/							98						
49		/						99						
50		/						100						
TOTAL IND.	22							TOTAL IND.						
TOTAL DEP.	28	↓	↓		↓			TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS	50							TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS